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**FORM
D-2**
REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES
CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK

- ☒ Quarterly Report:
 (Check one:) ☐ 1st ☒ 2nd ☐ 3rd ☐ 4th
- ☒ Final Report (Fund balance on Line E must be \$0)
- ☒ Amendment of the Report Indicated Above

RECEIVED
 FOR OFFICE USE ONLY

OCT 21 2021

 State Board of Elections
 Springfield Office

Full name and complete mailing address of Political Committee:

☐ CHECK FOR ADDRESS CHANGE

 Gloria Cudia for RVC Trustee
 409 27th Street
 Rockford, IL 61108-1811

COMMITTEE ID #

35352-13

E-mail address: mcaritina@gmail.com

☐ CHECK FOR E-MAIL ADDRESS CHANGE

REPORTING PERIOD
 04/01/21 | 06/30/21
 FROM THRU

**CASH AVAILABLE AT BEGINNING
OF REPORTING PERIOD:**
 \$ 725
 Repeat this amount in SECTION D, Line (A)

ALL POLITICAL COMMITTEES RETURN TO:

 STATE BOARD OF ELECTIONS
 2329 S MacARTHUR BLVD
 SPRINGFIELD, IL 62704-4503

OR

 STATE BOARD OF ELECTIONS
 JAMES R THOMPSON CENTER
 100 W RANDOLPH, STE 14-100
 CHICAGO, IL 60601-3232

SECTION A — RECEIPTS
1. Individual Contributions

- a. Itemized (from Schedule A): \$ _____ (1a)
 b. Not-Itemized: \$ _____ (1b)

2. Transfers In

- a. Itemized (from Schedule A): \$ _____ (2a)
 b. Not-Itemized: \$ _____ (2b)

3. Loans Received

- a. Itemized (from Schedule A): \$ _____ (3a)
 b. Not-Itemized: \$ _____ (3b)

4. Other Receipts

- a. Itemized (from Schedule A): \$ _____ (4a)
 b. Not-Itemized: \$ _____ (4b)

TOTAL RECEIPTS (1a thru 4b) \$ 0 (TR)

5. In-Kind Contributions

- a. Itemized (from Schedule I): \$ 2,365 (5a)
 b. Not-Itemized: \$ _____ (5b)

TOTAL IN-KIND (5a + 5b) \$ 2,365 (TI)

**Name and address of person submitting this report if other
than the committee's Chair or Treasurer:**

SECTION B — EXPENDITURES
6. Transfers Out

- a. Itemized (from Schedule B): \$ 725 (6a)
 b. Not-Itemized: \$ _____ (6b)

7. Loans Made

- a. Itemized (from Schedule B): \$ _____ (7a)
 b. Not-Itemized: \$ _____ (7b)

8. Expenditures

- a. Itemized (from Schedule B): \$ _____ (8a)
 b. Not-Itemized: \$ _____ (8b)

9. Independent Expenditures

- a. Itemized (from Schedule B-9): \$ _____ (9a)
 b. Not-Itemized: \$ _____ (9b)

TOTAL EXPENDITURES (6a thru 9b) \$ 725 (TE)

SECTION C — DEBTS AND OBLIGATIONS

(Include previously reported unpaid debts)

10. a. Itemized (from Schedule C): \$ _____ (10a)
 b. Not-Itemized: \$ _____ (10b)

TOTAL DEBTS & OBLIGATIONS \$ _____

SECTION D — CASH BALANCE

Cash available at beginning of reporting period: \$ 725 (A)

Total Receipts from Section A (TR): \$ 0 (B)

Total cash (A) plus (B): \$ 725 (C)

Total Expenditures from Section B (TE): \$ 725 (D)

Funds available at close of reporting period (C minus D): \$ 0 (E)

Investments total (if applicable): \$ 0 (F)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

10/12/2021

DATE

REPORTING PERIOD

06/30/2021

THRU

SCHEDULE B EXPENDITURES

☒

□

35 352

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

TOTAL THIS PERIOD \$ 725

NAME OF POLITICAL COMMITTEE:

REPORTING PERIOD

FOR OFFICE USE ONLY

04/01/2021

06/30/2021

FROM

THRU

SCHEDULE I

IN-KIND CONTRIBUTIONS

POLITICAL COMMITTEE
IDENTIFICATION No.

35352

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
CONTRIBUTOR Awesome Campaigns.com, Inc 1220 St. Charles St. Elgin, IL 60120 <i>Previously reported as debt</i>	04/01/2019	2,365	2,365
VENDOR PAID (if applicable)		EMPLOYER:	OCCUPATION
DESCRIPTION			
CONTRIBUTOR			
VENDOR PAID (if applicable)		EMPLOYER:	OCCUPATION
DESCRIPTION			
CONTRIBUTOR			
VENDOR PAID (if applicable)		EMPLOYER:	OCCUPATION
DESCRIPTION			
CONTRIBUTOR			
VENDOR PAID (if applicable)		EMPLOYER:	OCCUPATION
DESCRIPTION			

TOTAL THIS PERIOD \$ 2,365